

Frequently Asked Questions

Medicaid Coverage for Diabetes Prevention Programs (DPP)/Diabetes Self-Management Education and Support (DSMES) in Illinois

View the full details of coverage for the National Diabetes Prevention Program lifestyle change program and Diabetes Self-Management Education & Support Services via the provider notice published by the Illinois Department of Healthcare and Family Services: [Provider Notice Issued 08/20/2021 | HFS \(illinois.gov\)](#)

Eligibility

1. If an individual has dual coverage (meaning Medicare and Medicaid), are they eligible for the Illinois Medicaid DPP/DSMES programs?

No, the Illinois program is specific to Medicaid-only clients. Individuals who also have Medicare coverage may be able to access these services from a Medicare participating provider. Please check with the individual's Medicare health plan for more information.

2. Are local health departments eligible to be DPP providers? Can hospitals enroll in IMPACT as DSMES providers?

Yes, any organization providing a CDC-recognized lifestyle change program as part of the National Diabetes Prevention Program can enroll as a “DPP Provider” in Illinois Medicaid. Any organization providing diabetes self-management education and support services that are accredited by the Association of Diabetes Care & Education Specialists (ADCES) or recognized by the American Diabetes Association (ADA) can enroll as a “DSMES Provider” in Illinois Medicaid.

Obtaining a New NPI and Registering in IMPACT

3. We already have an NPI. Do we need to get a new NPI for these services?

Yes, you will need to get a new type 2 NPI with the correct taxonomy code to enroll as Medicaid DPP or DSMES providers.

4. Are we required to obtain an NPI for each program or can DPP & DSMES be combined onto one NPI?

Since both the DPP and DSMES provider type in IMPACT use the same taxonomy code, you can obtain one NPI for both services.

5. Do we need a specific NPI for these services or can we add the taxonomy code to our current NPI?

You will need to get a new type 2 NPI with the correct taxonomy code for these services.

6. Are we able to obtain one new NPI and enroll all of our locations under that enrollment, or do we need a new NPI for each location that we would like to enroll?

You can get one new NPI at the billing agency/organization and enroll all of your locations under that enrollment.

7. Currently we bill Medicare with our Medicare Provider number. Do we need to set up a separate NPI for with a taxonomy code 174H00000X?

Yes, all DPP and DSMES providers in Illinois will need to obtain a new NPI for Medicaid enrollment for these services.

8. Existing FAOs (hospitals) have asked if they can add DPP/DSMES to their existing IMPACT registration as a specialty - but given the Provider Type 102/103 - do they need to get a separate NPI and complete a new IMPACT enrollment?

Yes, existing FAOs need to get a new Type 2 NPI and enroll in IMPACT as a DPP (102) or DSMES (103) provider.

Provider Enrollment

9. Do we need to enroll our providers (i.e. individual dietitians) into IMPACT?

No, only the facility, agency or organization enrolls as a DPP or DSMES provider. Individual rendering providers are NOT included in the enrollment.

10. We are part of a medical provider group or physician practice group. Are we eligible to enroll in Medicaid for these services?

Yes, groups should get a separate Type 2 NPI with the appropriate taxonomy (174H00000X) and register in IMPACT as a DPP/DSMES provider.

11. We know that virtual/telehealth platforms are authorized for DPP/DSMES services; however, there is a question as to whether the provider needs to have a physical address or Tax ID in the State of Illinois. Can they register from their home base in another state?

Providers will need to have their Tax ID number certified with the Office of the IL Comptroller prior to submitting their IMPACT application. The IMPACT system will not allow the providers to even begin an enrollment if their Tax ID is not certified.

Submitting Claims

12. What is the fee schedule for DPP and DSMES?

The full details of coverage are available in the provider notice released by the Illinois Department of Healthcare and Family Services: [Provider Notice Issued 08/20/2021 | HFS \(illinois.gov\)](#)

13. If a **referring** provider is listed on the 837P, does HFS want that validated when presented on the claim for these services that the provider is active with Medicaid if the **referring** provider is sent on the claim?

For DSMES, yes, the referring provider must also be enrolled in Medicaid and this will be validated when presented on the claim. To ensure a referring provider is enrolled in the Illinois Medicaid program, you may search the HFS Provider Directory here:

<http://ext2.hfs.illinois.gov/hfsindprovdirectory>

Since referrals are not required for DPP, there will be no validation if a referring provider is listed on the claim.

14. The training said we need to use the CMS form 1500 to submit claims. Why can't a hospital bill for these services on a UB?

DPP and DSMES are being established as a distinct provider type in the Illinois Medicaid IMPACT system and have their own fee schedule. Services are provided outside of the hospital service package and therefore not appropriate to be included on the UB. This is also why a separate NPI is required - if the service was included as part of the hospital service package and billed on the UB, it would not pay under the EAPG grouper. Essentially, DPP/DSMES were developed as distinct services to ensure that hospitals would be reimbursed adequately and incentivized to provide these important services.

15. Are there trainings available to help us learn how to submit claims for these services?

There is a training for submitting claims for DPP and a separate training for submitting claims for DSMES. Both are available on the provider resources page of the ChicagoCARES DPP website: [Resources for DPP Providers - Chicago CARES DPP](https://www.chicagocaresdpp.org/resources)

16. We are a hospital provider of DPP/DSMES services. As a hospital, we bill using the UB-04/837I claim format. The billing guidelines say that DPP/DSMES claims must be submitted on a CMS100/837P format – if we bill on a UB-04 will our claims be denied?

Yes, billing DPP/DSMES services on a UB-04 will cause either a rejection or denial. They must be billed on an 837P or CMS1500. This is because when you register as a DPP/DSMES Provider in IMPACT, using your NEW NPI (to only be used for DPP/DSMES services), you are actually registering as a NEW provider type, NOT as a hospital. The DPP/DSMES provider type is separate and distinct from any other IMPACT registrations you may have as a hospital. From the HFS/MCO perspective, you are NOT a hospital, but a DPP/DSMES provider that is billing as a professional service. The only reference to your connection to the hospital on the claim would be the Place of Service code of either 19 – OP Hospital-Off Campus or 22 – OP Hospital-On Campus (although you are not restricted to delivering services in those settings).

Additional Questions

17. If we currently provide DSMES and/or DPP services for free to all clients through hospital community benefit and/or as an additional free service at an FQHC, are we allowed to bill Medicaid while continuing to provide the service for free to those not on Medicaid?

View the Medicaid [“free care” guidance](#) from CMS that includes the statement, “Under this guidance, Medicaid reimbursement is available for covered services under the approved state plan that are provided to Medicaid beneficiaries, regardless of whether there is any charge for the service to the beneficiary or the community at large.”

18. Do I need a separate contract with the Managed Care Plans to provide DPP/DSMES services to Medicaid clients?

You will need to submit an updated provider roster that reflects your new IMPACT enrollment. Information on how to submit the roster and contacts for the MCOs can be found here: <https://iamhp.net/page-18134>